

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SEARCHED	INDEXED	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
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50						
TOTAL IND.			71			
TOTAL DEP.				2		
TOTAL CLAIMS			71			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.				2				
TOTAL DEP.					2			
TOTAL CLAIMS				2				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS